

Date: _____

Deschutes County Clerk's Office
Attn: Recording Department
PO Box 6005
Bend, Oregon 97708-6005

Re: Request for Certified Copy

Recording Number or Book/Page

Parties to transaction

Type of document

Number of pages:	@	=
	+ Location Fee:	
	+ Certification Fee:	
Enclosed is a check or money order in the amount of \$		

(If you do not know the number of pages, please write a check "NOT TO EXCEED \$XX.00)"

Please make check payable to Deschutes County Clerk.

Please allow 10 days for processing. Thank you.

Please mail to the following name and address:

(Name)	
(Street)	
(City, State & Zip)	(Telephone)